DENTAL ASSISTANT PROGRAM APPLICATION

Office of the Station Manager Bldg 1024 American Red Cross of Alaska Ft Wainwright, AK 99703 907-353-7234

APPLICATION VALID ONLY FOR THE PROGRAM BEGINNING October 2006-7 Ft. Wainwright and Eielson AFB Programs

Each applicant to the Dental Assistant Program must submit: (a) the completed application form; (b) a typed or hand-printed narrative of at least one paragraph in length explaining the applicant's interest in the program as well as his/her desire for admission. If desired, the applicant may include a resume.

APPLICANT INFORMATION:

(Last Name)	(First Name)		(Middle Initial)	
(Mailing Address)			()	
(City)	(State)	(Zip)	(Telephone)
EDUCATION: List most recent first.				
Name & Address of Educational Institution	Dates Attended	Degree/Diploma/C	ertificate Completed	Date Awarded
Program Preference / Eielson of Have you ever worked in the mare you familiar with medical to Have you any experience with Have you ever taken a basic and the program of t	s?	Yes N Yes N	0 0 0 0	

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	Applicant Name:
j	have any health problems that might prevent you from completing this course? Yes No answered "yes," explain on a separate sheet and attach to application)
As a R	ed Cross Dental Assistant Student, I understand and agree to: (please initial each)
1. 2. 3.	Uphold the high standards of service maintained by the Red Cross throughout the world. Not expect or accept any pay or services (favors) for my service. Wear a Red Cross name tag when on duty and adhere to the Red Cross dress code at all times.
4.	Hold in confidence all personal information about clients or other workers which I may learn while on duty and understand that breaches in confidentiality can lead to my dismissal as a Red Cross Dental Assistant Student.
5.	Work under the supervision of a Red Cross chairperson and notify him/her of any illness or problems that occur during the training period.
6.	Consider my training as a firm commitment, requiring attendance in classes and training in the dental clinic for a period of six (6) months. (Absences may result in dismissal from the
7. 8.	training program.) Maintain current immunizations. Be responsible for my own child care arrangements and ensure that my child(ren)'s immunizations are current.

The Dental Assistant Program is a six (6) month, forty (40) hour per week commitment by the student. Dental Assistant Students work primarily days, Monday through Friday, whenever the Dental Clinic is open. Holidays will be granted according to the holiday schedule observed by the Dental Clinic. Students are required to sign-in the number of hours worked on a daily basis.

The Red Cross provides liability for the student and DENTAC provides all of the training required for the completion of the course free of charge. The student must adhere to the aforementioned guidelines. The student must also attend a General Red Cross Orientation at the Red Cross Office and CPR training as required by the program.

Child care is not provided by either DENTAC or the American Red Cross. Both the procurement of and payment for child care is the sole responsibility of the student.

No credit will be earned for partial completion of the course.

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	Applicant Name:			
I,	, understand and agree to the			
aforementioned conditions upon accep	tance to the Dental Assistant Program.			
Date////				
	SIGNATURE			
To assist us in determining our compliance please check the appropriate box below in	e with Federal Statutes addressing Equal Opportunity, indicating your ethnic background:			
Y American Indian Y Asian/Pacific Island	der Y Black Y Hispanic Y White Y Other			
FOR DENTAL CLINIC USE ONLY				
Date of interview//	Accepted into program? Yes No			
(Make a copy of this entire application for your files admission decision is made.)	s and return the original to the Red Cross Office after program			